

☐ **Peninsula District**
Hampton Park
30 Mary Murray Drive
Chas., SC 29403 (843)724-7331

☐ **James Island District**
JI Recreation Complex
1088 Quail Drive
Chas., SC 29412 (843)795-5678

☐ **West Ashley District**
Mary Utsey Playground
1350 Orange Grove Rd.
Chas., SC 29407 (843)769-8245

☐ **Daniel Island District**
Daniel Island Municipal Center
235 Seven Farms Drive
Chas., SC 29492 (843) 216-6366

Charleston Recreation Department

Youth Sports Registration Form

FOR OFFICE USE ONLY

B/C on File: _____

Amt. Paid for Registration: _____

Amt. Paid for Insurance: _____

CK#/CASH: _____

Date Paid: _____ Receipt#: _____

Staff: _____

Sport _____ Playground/Area _____

Male _____ Female _____ Email _____

Player's Legal Name _____
(As appears on Birth Certificate) FIRST MIDDLE LAST

Home Phone Number _____ Date of Birth _____ / _____ / _____

Street Address _____ Apartment Number _____

City _____ Zip Code _____ Subdivision/APT Complex _____

Emergency Name & Number _____

Mother's Name _____ Cell Number _____

Father's Name _____ Cell Number _____

Are you a resident of the City of Charleston? Yes _____ No _____ Staff verification of residency _____

Team/Coach Last Year _____ Age/League _____

INSURANCE INFORMATION

All participants must register and have insurance before practicing and playing games.

_____ I want my child insured by the policy offered through the Department of Recreation
(March 1 through February 28)

_____ I have my own accident insurance coverage with _____

_____ I, the undersigned, do hereby give approval for my child to play in the above sport. I also acknowledge that the City of Charleston Recreation Department will issue no refunds if you choose to not have registrant participate before or during the season for whatever the cause. I also agree to be responsible for any uniform or equipment issued to registrant and will return in a timely manner. I understand failure to do so will result in financial responsibility to replace such items.

PARENT OR LEGAL GUARDIAN

DATE

DEPARTMENT OF RECREATION STAFF

Release of Liability for Minor Participants

Read before signing

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to participate in any way in the City of Charleston, Department of Recreation program; tournament travel, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (HEREIN AFTERWARDS REFERED TO AS "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs which includes transporting my child to and from such programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
4. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participant in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X _____
(PARENT/GUARDIAN SIGNATURE) (PRINTED NAME) DATE SIGNED

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____

EMERGENCY INFORMATION AND CONSENT

Given to and carried by Coach for emergency situations

Participant's Name_____ Nickname_____

Address_____ City_____

Home Phone_____

Mother's Name_____ Employer_____

Work Address_____ City_____

Work Phone_____ Fax Phone_____

Father's Name_____ Employer_____

Work Address_____ City_____

Work Phone_____ Fax Phone_____

Family Physician Name_____

Work Phone_____ City_____

Allergies (list all)_____

Medical Conditions_____

I/we hereby grant consent to any and all Health Care Providers designated by City of Charleston, Department of Recreation to provide my child_____

Any necessary care as result of any injury/illness. This consent includes First Aid and transportation to/from Health Care Providers by Coach or Emergency Services.

DATE

PARENT SIGNATURE

IMAGE RELEASE

In consideration of_____, my minor child/ward being allowed to participate in any way in the City of Charleston, Department of Recreation Program, related events and activities, the undersigned agrees that such participants likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program.

DATE

PARENT SIGNATURE

City of Charleston Department of Recreation Parent's Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's, Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials at every game, practice or other youth sports event.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches code of ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.

I will remember that the game is for youth –not adults

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

Childs Name: _____ Parents Name: _____

Childs Age Group: _____ Date: _____ Parents Signature: _____